Supplement to Application ra Multifamily Housing Project

U.S. Department of Hou and Urban Development
Office of Housing
Federal Housing Commissioner

Sample: HUD 92013 Supp

To Be Completed by Each Sponsor and by the General Contractor

OMB No. 2502-0029 (exp. 7/31/94)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0029), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Project Name:		Project Numb	per:	Applicant's Name:	
Apartments					
Applicant's Address:					Telephone Number
					206 204 5010
Describe Your Affiliation with the Project: General Partner/Sponsor	•				
Credit References: Include all Bank, Fir	nance, Trade and Si	upply Creditors. Υοι	may omit creditors with	balances less tha	an \$200.00
Firm Name: Key Bank (Ken Paauw)		Address: P.O. Box	90, Seattle, WA	98111-0090	0
Telephone Number: 206-689-5481	Account Number:	•	Present Balance:		Terms 12% - Due 11/1/95
Frontier Bank (Jim Rie	s)	P.O. Box 2	2210, Everett,	WA 98203	
Telephone Number: 206-514-0789	Account Number:	-	Present Balance:		Terms 12% - Due 1/5/96
Firm Name: Maintenance Warehouse		Address: P.O. Box 8	85592, San Dieg	o, CA 92186	6-5592
Telephone Number: 1-800-798-8888	Account Number:		Present Balance:		Terms: On Receipt
Firm Name: Sherwin Williams		Address: 1606 S.E.	Everett Mall W	ay, Everett	t, WA 98204-2811
Telephone Number: 206-348-0722	Account Number:		Present Balance:		Terms: On Receipt
Firm Name: Builders Lumber		Address: 3919 West	Clearwater Ave	., Kennewic	ck, WA 99336
Telephone Number: 509-783-8148	Account Number:		Present Balance: 18.41		Terms: On Receipt
Art's Construction Address: 3408 W. 4th Ave., Kennewick, WA 99336					
Telephone Number: 509-735-7603	Account Number:		Present Balance: -0-		Terms: On Receipt
Other References: Check here if other references are provided on a separate sheet.					
Are you or have you been delinquent of debt? If Yes, attach a letter from the attact the debt is satisfied or under a word. Are you or have you been a defendant action?	compromised settl 4. Are there judgmen If the answer to any o	3. Have you ever claimed bankruptcy or made compromised settlements with creditors? 4. Are there judgments recorded against you? If the answer to any of questions 1 thru 4 is yes, mark this block and give the details on a separate sheet:			
Sponsor: I certify that the foregoing, sub- mortgage insurance under the National Ho Housing Act of 1959, as amended, or Sect Act of 1990, is true and correct to the best	the to the best of my kr	Contractor: I certify that the foregoing, submitted by me, is true and correct to the best of my knowledge and belief. Contractor's Signature & Date:			
Spansbr's Sighature 8, Date:		resident uly 25, 1995	X		÷
Social Security Number (or EIN)	3	ury 25, 1995	Employee Identificatio	n Number:	

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Act Statement. The U.S. Housing Act of 1937, as amended, authorizes the Department of Housing & Urban Development (HUD) to collect this information. The Housing and Community Development Act of 1987, 42 U.S.C 3543 authorizes HUD to collect Social Security Numbers (SSN) or Employee Identification Numbers (EIN). Providing the SSN is mandatory for the sponsor, mortgagor, borrower and owner, and failure to provide it could result in disapproval of participation in this HUD program and/or delay action on the proposal. Submission of the SSN is voluntary for all other participants. The information is authorized by 24 CFR 207.17 and is being collected by HUD to facilitate the evaluation of multible participation. The SSN is used as a unique indentifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN or EIN. Failure to provide the information may result in HUD's denial of proposed management or fees or cancellation of management contracts for noncompliance with HUD procedures.